

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/50149

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		3				
5		3				
6		3				
7		3				
8	1					
9						
10		1				
11		3				
12		3				
13		3				
14		3				
15		3				
16			1			
17						
18				1		
19				1		
20				1		
21				1		
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50						
TOTAL IND.		↓	4	↓		↓
TOTAL DEP.	←		11	←		←
TOTAL CLAIMS		15				

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						